

ASSEMBLY BILL

No. 154

Introduced by Assembly Member Chan

January 21, 2003

An act to add Section 12693.305 to the Insurance Code, and to add Section 14093.06 to the Welfare and Institutions Code, relating to health care.

LEGISLATIVE COUNSEL'S DIGEST

AB 154, as introduced, Chan. Health and managed care plans: culturally and linguistically appropriate services.

Existing law provides for the creation of various programs to provide health care services to persons who have limited incomes and meet various eligibility requirements. These programs include the Healthy Families Program, administered by the Managed Risk Medical Insurance Board, and the Medi-Cal program, administered by the State Department of Health Services. Existing law requires the Director of Health Services and the board to enter into contracts with health plans and managed care plans to provide services pursuant to each program. Under existing law, the Healthy Families Program will terminate on January 1, 2004.

Existing law further requires the board to ensure that enrollment information, telephone services, and interpreter services are available in specified languages for subscribers and applicants.

This bill would require any health plan or managed care plan that contracts to participate in the Healthy Families Program or the Medi-Cal Program, respectively, to submit annually, commencing on April 1, 2004, a report to the board or the department, as appropriate, regarding the culturally and linguistically appropriate services that the

plan provided during the prior calendar year and proposes to be provided during the current calendar year to meet the needs of its limited English proficient applicants and subscribers or beneficiaries. The bill would require specified information to be included in the report.

This bill would also require that the board or department submit annually, commencing on June 1, 2004, a report to the Legislature regarding the compliance of contracting plans with cultural and linguistic requirements. The bill would require specified information to be included in the report.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Section 12693.305 is added to the Insurance
2 Code, to read:
3 12693.305. (a) The Legislature finds and declares the
4 following:
5 (1) To improve the health care of California's diverse
6 populations, culturally and linguistically appropriate services are
7 critical. The provision of culturally and linguistically appropriate
8 services results in increased access to health services, improved
9 quality of health care, and greater patient satisfaction.
10 (2) Title VI of the Civil Rights Act of 1964 (42 U.S.C. Sec.
11 2000d, et seq.; hereafter Title VI) prohibits recipients of federal
12 financial assistance from discriminating against persons based on
13 race, color, or national origin. Under Title VI, limited English
14 proficient beneficiaries of federally funded programs are to be
15 assured equal access to the programs through the provision of
16 language assistance services.
17 (3) The program receives federal financial assistance from the
18 United States Department of Health and Human Services. The
19 board has set forth cultural and linguistic policies and
20 requirements for participating health plans, which contract with
21 the board to participate in the program.
22 (4) It is the intent of the Legislature that these participating
23 health plans report to the board regarding their compliance with
24 the program's cultural and linguistic policies and requirements,
25 and that the board report to the Legislature regarding the



1 participating health plans' compliance with those policies and
2 requirements.

3 (b) On or before April 1, 2004, and annually thereafter, every
4 participating health plan shall submit a report to the board
5 regarding the culturally and linguistically appropriate services that
6 it has provided during the prior calendar year and proposes to be
7 provided in the current calendar year in order to meet the needs of
8 its limited English proficient applicants and subscribers in the
9 program. The report shall include all of the following:

10 (1) Demographic information of the participating health plan's
11 subscribers, including race, ethnicity, primary language, and
12 geographic location.

13 (2) A description of how the participating health plan has
14 complied with each cultural and linguistic requirement. The
15 description shall identify the types of services provided, including,
16 but not limited to, the interpreters and the culturally and
17 linguistically appropriate providers and clinics made available by
18 the participating health plan, its marketing materials, information
19 packets, translated written materials, referrals to culturally and
20 linguistically appropriate community services and programs, and
21 training and education activities for providers. The description
22 shall also identify activities by the participating health plan to
23 develop internal systems to meet the cultural and linguistic needs
24 of its applicants and subscribers.

25 (3) The results of the participating health plan's efforts in the
26 prior calendar year to provide culturally and linguistically
27 appropriate services to its applicants and subscribers. This portion
28 of the report shall describe the participating health plan's ongoing
29 quality improvement efforts through subscriber complaints,
30 grievances, satisfaction, and other supplemental information and
31 its efforts to evaluate its cultural and linguistic services and the
32 outcomes of its cultural and linguistic activities.

33 (4) Highlights of any innovative approaches utilized by the
34 participating health plan to provide culturally and linguistically
35 appropriate services to its applicants and subscribers.

36 (5) Specific objectives that the participating health plan has set
37 to provide culturally and linguistically appropriate services to its
38 applicants and subscribers for the current calendar year.

39 (c) On or before June 1, 2004, and annually thereafter, the
40 board shall submit a report to the Legislature regarding the status

1 of participating health plans' compliance during the prior calendar
2 year with the board's cultural and linguistic requirements. The
3 report shall be a compilation of all of the reports submitted to the
4 board by the participating health plans and, at a minimum, shall
5 include all of the following:

6 (1) Demographic information of each participating health
7 plan's subscribers, including race, ethnicity, primary language,
8 and geographic location.

9 (2) A description of how each participating health plan has
10 complied with each cultural and linguistic requirement.

11 (3) The results of each participating health plan's efforts in the
12 prior calendar year to provide culturally and linguistically
13 appropriate services to its applicants and subscribers.

14 (4) Highlights of innovative approaches utilized by each
15 participating health plan to provide culturally and linguistically
16 appropriate services to its applicants and subscribers.

17 (5) Specific objectives that each participating health plan has
18 set to provide culturally and linguistically appropriate services to
19 its applicants and subscribers for the current calendar year.

20 SEC. 2. Section 14093.06 is added to the Welfare and
21 Institutions Code, to read:

22 14093.06. (a) The Legislature finds and declares the
23 following:

24 (1) To improve the health care of California's diverse
25 populations, culturally and linguistically appropriate services are
26 critical. The provision of culturally and linguistically appropriate
27 services results in increased access to health services, improved
28 quality of health care, and greater patient satisfaction.

29 (2) Title VI of the Civil Rights Act of 1964 (42 U.S.C. Sec.
30 2000d, et seq.; hereafter Title VI) prohibits recipients of federal
31 financial assistance from discriminating against persons based on
32 race, color, or national origin. Under Title VI, limited English
33 proficient beneficiaries of federally funded programs are to be
34 assured equal access to the programs through the provision of
35 language assistance services.

36 (3) California's Medi-Cal program receives federal financial
37 assistance from the United States Department of Health and
38 Human Services. California's State Department of Health
39 Services has set forth cultural and linguistic policies and

1 requirements for the managed care plans which contract with the
2 department to participate in the Medi-Cal program.

3 (4) It is the intent of the Legislature that these managed care
4 plans report to the State Department of Health Services regarding
5 their compliance with the Medi-Cal's program cultural and
6 linguistic policies and requirements, and that the State Department
7 of Health Services report to the Legislature regarding the managed
8 care plans' compliance with those policies and requirements.

9 (b) On or before April 1, 2004, and annually thereafter, every
10 managed care plan that has contracted to participate in the
11 Medi-Cal program shall submit a report to the department
12 regarding the culturally and linguistically appropriate services that
13 it has provided during the prior calendar year and proposes to be
14 provided in the current calendar year in order to meet the needs of
15 its limited English proficient applicants and beneficiaries in the
16 program. The report shall include all of the following:

17 (1) Demographic information of the managed care plan's
18 beneficiaries, including race, ethnicity, primary language, and
19 geographic location.

20 (2) A description of how the managed care plan has complied
21 with each cultural and linguistic requirement. The description
22 shall identify the types of services provided, including, but not
23 limited to, the interpreters and the culturally and linguistically
24 appropriate providers and clinics made available by the managed
25 care plan, its marketing materials, information packets, translated
26 written materials, referrals to culturally and linguistically
27 appropriate community services and programs, and training and
28 education activities for providers. The description shall also
29 identify activities by the managed care plan to develop internal
30 systems to meet the cultural and linguistic needs of its applicants
31 and subscribers.

32 (3) The results of the managed care plan's efforts in the prior
33 calendar year to provide culturally and linguistically appropriate
34 services to its applicants and beneficiaries. This portion of the
35 report shall describe the managed care plan's ongoing quality
36 improvement efforts through beneficiary complaints, grievances,
37 satisfaction, and other supplemental information and its efforts to
38 evaluate its cultural and linguistic services and the outcomes of its
39 cultural and linguistic activities.

1 (4) Highlights of any innovative approaches utilized by the
2 managed care plan to provide culturally and linguistically
3 appropriate services to its applicants and beneficiaries.

4 (5) Specific objectives that the managed care plan has set to
5 provide culturally and linguistically appropriate services to its
6 applicants and beneficiaries for the current calendar year.

7 (c) On or before June 1, 2004, and annually thereafter, the State
8 Department of Health Services shall submit a report to the
9 Legislature regarding the status of contracting managed care
10 plans' compliance during the prior calendar year with the
11 department's cultural and linguistic requirements. The report shall
12 be a compilation of all the reports submitted to the department by
13 the managed care plans and, at a minimum, shall include all of the
14 following:

15 (1) Demographic information of each managed care plan's
16 beneficiaries, including race, ethnicity, primary language, and
17 geographic location.

18 (2) A description of how each managed care plan has complied
19 with each cultural and linguistic requirement.

20 (3) The results of each managed care plan's efforts in the prior
21 calendar year to provide culturally and linguistically appropriate
22 services to its applicants and beneficiaries.

23 (4) Highlights of any innovative approaches utilized by each
24 managed care plan to provide culturally and linguistically
25 appropriate services to its applicants and beneficiaries.

26 (5) Specific objectives that each managed care plan has set to
27 provide culturally and linguistically appropriate services to its
28 applicants and beneficiaries for the current calendar year.

